## STORAGE WAREHOUSES

FORM APPROVED OMB No. 0710-0007 APPROVAL EXPIRES

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or ant other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0710-0007), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503: Attn: Desk Officer for U.S. Army Corps of Engineers. Respondents should be aware that notwithstanding any other prevision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your completed form to either of these addresses.

This report is authorized by law (River & Harbor Act of July 18, 1918). While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate, and timely.									
WAREHOUSE NAME									
OPERATOR									
ADDRESS									
TELEPHONE									
LOCATION									
DRY, COLD, OR COOLER									
COMMODITIES USUALLY	STORED								
TYPE OF CONSTRUCTION (Frame/walls/floors)									
CLEAR STORAGE HEIGH	Γ: Bsmt	1st	2d	3d	4th	5th	6th		
ALLOWABLE FLOOR LOA	AD: Bsmt	1st	2d	3d	4th	5th	6th		
NET STORAGE AREA EXCLUDING HOUSEHOLD GOODS & LEASED SPACE:									
General Merchandise	Sq. Ft. (net)								
U.S. Customs Bonded	Sq. Ft. (net)		Other		Sq. Ft. (net)				
Cooler	Cu. Ft. (net)		Т	Temperature Range					
Freezer	Cu. Ft. (net)			Temperature Range					
TYPE OF REFRIGERATION SYSTEM/S (Freon, Brine, Ammonia, etc.)									
HANDLING EQUIPMENT Give number, capacities, type (LP-gas, electric, etc.)									
Elevator/s			Forklift	Trucks					
Other									
LOADING STATIONS (Give	e number a	nd whether	r door or j	platform)					
Truck									
Railroad Name of Carrier									
FIRE PROTECTION									
ADDITIONAL SERVICES AND REMARKS									

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